


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90085 010 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000093844**

1. Corporation Name

**SUMMERWAY INVESTMENT CORP.**

Principal Place of Business

1800 W. LOOP S., STE. 1900  
HOUSTON TX 77027

Mailing Address

P.O. BOX 2863  
HOUSTON TX 77252-2863

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/04/1998**

4. FEI Number

**76-0589471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No2. Principal Place of Business  
21 **10707 Clay Road**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**Houston, Texas**

27 City &amp; State

23 Zip **77041** Country **USA**

28 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Fisher, Frederick E.</b>	
1.3 STREET ADDRESS	<b>10707 Clay Road</b>	
1.4 CITY-ST-ZIP	<b>Houston, Texas 77041</b>	
2.1 TITLE	<b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Webber, Charles F., Jr.</b>	
2.3 STREET ADDRESS	<b>10707 Clay Road</b>	
2.4 CITY-ST-ZIP	<b>Houston, Texas 77041</b>	
3.1 TITLE	<b>VAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lanton, Gene</b>	
3.3 STREET ADDRESS	<b>10707 Clay Road</b>	
3.4 CITY-ST-ZIP	<b>Houston, Texas 77041</b>	
4.1 TITLE	<b>VAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lindsay, Charles D.</b>	
4.3 STREET ADDRESS	<b>10707 Clay Road</b>	
4.4 CITY-ST-ZIP	<b>Houston, Texas 77041</b>	
5.1 TITLE	<b>VAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Powers, Jill Fisher</b>	
5.3 STREET ADDRESS	<b>10707 Clay Road</b>	
5.4 CITY-ST-ZIP	<b>Houston, Texas 77041</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:



Charles F. Webber, Jr. 4/9/99 713/877-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

-CR2E034 (1/98)